PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATION

01 MAY 15 PM 12: 14

Daytime Phone #

DOCUMENT 3	# Pano	00031192	
1. Corporation Name	* , ,	Builders,	INC

1											
2. Principal Office Address 18379 Hwy 331 So Suite, Apt. #, etc.		3. Mailing Office Address 18379 -			EINST	TATE	ME	NT 4	76-0	13.5	
City & State Free Zip	.	FLorida	City & State Freeport Zip	FLorid Country	A	 Date Incorp To Do Busi FEI Numbe 59 - 6. 	ness in Flo	Qualified Irida Apr	7	App Not	ied For Applicable
324	39	WALTON	32439	WAlto	N	CERTIFICATE	OF STATU	S DESIRED (\$0.75 for a	Certificate	ee required of Status
			7. Name and	Address of Curr	ent Registered	Agent				'	
	Street Ad 183 Suite, Apt City		lot Acceptable)	reen outh	u aragaman	4		01.14:3 -05/31/ ***150 Zip Code 324	/01C 8.75	53 4)1084- ***15	
8. I, being Signature of Registered	of A	e registered agent of the abo ichaul L	ove named corporation, and	familiar with and	accept the oblig	gations of section		5 or 617.05		27	
9. Name	s and Street A	Addresses of Each Officer an	d/or Director (Florida nonp	rofit corporations r	must list at least	t 3 directors)			<u> </u>		
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			Ì	
P	Rich	Ard W Green W. Green		79 Hw						324	139
v.P.	John	U W. Green	183 د	79 Hwy	/ 33/	So.	Free	port	FL	324	39
ST,	Joyc	e A. Green	ļ			So.	[-		324	139
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